

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

Russell Geissler #3496004  
Plaintiff

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**-against-**

Bryan P. Sterling, Director of  
Operations S.C.D.C.  
Lefford Faye, Director of Medical  
S.C.D.C.

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)*

**Complaint for Violation of Civil Rights**

(Prisoner Complaint)

Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed in *forma pauperis*.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Russell Geisler #349604

All other names by which you have been known:

ID Number #349604

Current Institution McCormick Inst.

Address 386 Redemption Way  
McCormick S.C. 29899

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name Bayan P. Sterling

Job or Title  
(if known) Director of Operations S.C. D.C.

Shield Number \_\_\_\_\_

Employer State of South Carolina

Address 4444 Bravo River Rd.  
Columbia S.C. 29810

☒ Individual capacity

☒ Official capacity

**Defendant No. 2**

Name Lefford Fote

Job or Title Director of Medical for S.C. D.C.  
 (if known)  
 Shield Number \_\_\_\_\_  
 Employer South Carolina Dept. Correc. Inst.  
 Address 4444 Broad River Rd.  
Columbia S.C.  
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known)  
 Shield Number \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known)  
 Shield Number \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
☐ Individual capacity ☐ Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
- ☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Amendments # 5 Deprivation of life liberty & property  
8<sup>th</sup> Cruel and Unusual Punishment 14<sup>th</sup> Due Process  
and Equal Protection violations and the abridgement of privileges  
and immunities of a U.S. citizen.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

The Defendants are at all times an Employee  
of the South Carolina Dept. of Corrections

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee

- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

#### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

These Allegation happened & continue to happen at  
Every Inst I've been placed while INCARCERATED  
in the South Carolina Dept of Corr.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

the were confirmed on 1-16-14 yet believe to have  
begun on 2-2-13 please see Exhibit D and A  
Respectfully

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was diagnosed Hepatitis C positive on 1-16-14  
and as of this suit have been continuously denied any  
type of treatment, Every Medical Nurse and or Doctor

I've seen knows of this claim in Allendale Karshew Ridgeland  
Gilliam Psyc. Hospital Evans Broad River and McCormick Coor  
Inst Policy #19.09 denies treatment to people who are  
not in a death state or massive deterioration

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I have been slowly getting sicker (even if unable to tell)  
do to the disease HepC and how it eats away the liver.  
The Treat I need is HARVONI, a pill that will cure  
this disease in as little as 6 months time. Again the Medical  
Director and Bryan P. Stealing have made and or enforced  
a policy HS. 19.09 that denies prisoners like myself any  
type of life saving treatment, HARVONI, until we've deteriorated  
to a state of Emergency

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

① I want to have permanent injunction changing policy #  
HS. 19.09 and treatment provided to All HepC patients  
② I want a temporary injunction to begin treatment on my HepC issues by S.D.C.  
③ I want Nominal Awards of \$500  
④ Punative Damage Awards of  
\$250,000 for there negligence and disregard to human life  
⑤ I want \$350,000 for my health carez they've let deteriorate for over 3 1/2 yrs. Compensatory

## VII. Exhaustion of Administrative Remedies Administrative Procedures and All legal debt accumulated

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

They began at Allendel Corr. Inst. (see exhibit A)  
and continue today

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

All of them

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- ☐ Yes  
☐ No

E. If you did file a grievance:

1. Where did you file the grievance? To Leftford Fete  
I filed Informal ~~grievance~~  
I filed Step 1 Grievance to Dennis Bush  
I filed step 2 to Columbia (No Reply yet)
2. What did you claim in your grievance?  
The deprivation of life  
cruel unusual punishment  
Failure to treat Hep C patients equal  
and the illegal actions of not treating me
3. What was the result, if any?  
Denied on Informal & Step 1  
There's been no reply to Step 2 they  
told me its still in Review, over 4 months  
ago I filed.
4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)  
No! Its not finished because they aren't  
Replying yet, yes its finished due to time  
restraints they failed to abide by



F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Policy HS. 18.15 levels of CARE states:  
Inmates will receive medically necessary care throughout their period of  
incarceration until they release. Medically necessary includes treatment needed to  
 (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

- ☐ Yes  
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

\_\_\_\_\_

\_\_\_\_\_

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

\_\_\_\_\_  
 \_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes  
☐ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Russell Geissler

Defendant(s) Lisa Young, Dennis Bush, B. Smith, McLean, Bryan P. Sterling and Washington

2. Court (if federal court, name the district; if state court, name the county and State)

Florence S.C. U.S. District Court

3. Docket or index number

4:17 - 236 - MBS. TER

4. Name of Judge assigned to your case

Honorable Judge Thomas E. Rogers III

5. Approximate date of filing lawsuit

January 25, 2017

6. Is the case still pending?

☒ Yes  
☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

\_\_\_\_\_  
 \_\_\_\_\_

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 26, 2017.

Signature of Plaintiff

Russell Leissler

Printed Name of Plaintiff

Russell Leissler

Prison Identification #

349604

Prison Address

386 Redemption Way

McCormick

SC.

29899

City

State

Zip Code

##### B. For Attorneys

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## VII Exhaustion of Remedies PART G Continued:

Maintain and/or prevent deterioration of an I/m's health, other than that which would occur due to the Uncontrollable Progression of a disease or normal aging process.

## VIII PREVIOUS LAWSUITES Continued:

A.C. YES

D. Russell Geissler

v  
State of South Carolina

2. Court.

Florence S.C. ~~County~~ District Courts

3. 4:16-2808-MBS-TER

4. Judge Thomas E. Rogers III

5. 8/10/2016

6. No, 10/26/2016 Dismissed

7. 10/26/2016 case Dismissed due to Withdrawal by Plaintiff

**KCI LABORATORY**  
 4344 BROAD RIVER ROAD  
 COLUMBIA, SC 29210  
 DIRECTOR - MELANIE M. DAVIS MTASCP  
 FINAL SAMPLE REPORT

Page: 1

Patient ID: 349604  
 Patient Name: GEISLER, RUSSELL  
 DOB: 01/14/1984 Sex: M  
 Comments:

Reported: 02/02/13 02:00  
 Doctor: THOMAS BYRNE  
 Location: ALLENDALE

Lab No: 13031082 Drawn: 01/30/13 10:35 Tech: NUR Rec'd: 01/31/13 12:52 Tech: SAH  
 Comments: NON-FASTING  
 Comments: ENC #44

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC	5.8		x10 <sup>3</sup> /uL	3.3 - 10.5
RBC	5.20		x10 <sup>6</sup> /uL	4.35 - 5.90
HGB	15.4		g/dL	13.7 - 16.7
HCT	47.5		%	40.5 - 49.7
MCV	91.2		fL	79.7 - 97.0
MCH	29.5		pg	26.1 - 33.3
MCHC	32.4		g/dL	32.2 - 35.0
RDW	13.2		%	11.0 - 14.6
PLT	222		x10 <sup>3</sup> /uL	130 - 400
MPV	10.1		fL	6.8 - 10.6
*** HEPATIC PROFILE ***				
TOTAL PROTEIN	7.7		g/dL	6.4 - 8.2
ALBUMIN	5.0		g/dL	3.2 - 5.5
A/G RATIO	1.9		CALC	
GLOBULIN	2.7		g/dL	
ALK. PHOS.	82		IU/L	42 - 121
ALT (SGPT)		71 H	IU/L	10 - 60
AST (SGOT)	36		IU/L	10 - 42
TOTAL BILIRUBIN	0.70		mg/dL	0.20 - 1.40
*** THERAPEUTIC DRUGS ***				
CARBAMAZEPINE	5.4		ug/mL	4.0 - 12.0

24  
 H  
 FEV  
 3 mm  
 ✓

Exhibit  
 A

24

**KCI LABORATORY**  
 4344 BROAD RIVER ROAD  
 COLUMBIA, SC 29210  
 DIRECTOR - MELANIE M. DAVIS MTASCP  
 FINAL SAMPLE REPORT

Page: 1

Patient ID: 349604  
 Patient Name: GEISLER, RUSSELL  
 DOB: 01/14/1984 Sex: M  
 Comments:

Reported: 08/30/13 02:00  
 Doctor: THOMAS BYRNE  
 Location: ALLENDALE

Lab No: 13241088 Drawn: 08/29/13 08:30 Tech: NUR Rec'd: 08/29/13 12:36 Tech: MD  
 Comments: NON-FASTING  
 Comments: ENC 77

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC	5.7		x10 <sup>3</sup> /uL	3.3 - 10.5
RBC	4.83		x10 <sup>6</sup> /uL	4.35 - 5.90
HGB	14.9		g/dL	13.7 - 16.7
HCT	43.9		%	40.5 - 49.7
MCV	90.8		fL	79.7 - 97.0
MCH	30.8		pg	26.1 - 33.3
MCHC	34.0		g/dL	32.2 - 35.0
RDW	11.6		%	11.0 - 14.6
PLT	183		x10 <sup>3</sup> /uL	130 - 400
MPV	9.8		fL	6.8 - 10.6
*** BASIC METABOLIC PROFILE ***				
GLUCOSE	83		mg/dL	70 - 110
BUN	17		mg/dL	7 - 18
S. CREATININE	0.92		mg/dL	0.61 - 1.24
eGFR	97		CALC	
RESULT SHOULD BE CONSIDERED >60 NOT ACTUAL CALCULATED VALUE IF PATIENT IS AFRICAN AMERICAN MULTIPLY THE eGFR BY 1.21				
SODIUM	137		mmol/L	135 - 145
POTASSIUM	4.2		mmol/L	3.6 - 5.0
CHLORIDE		100 L	mmol/L	101 - 111
CARBON DIOXIDE	29		mmol/L	21 - 31
ANION GAP	8		RATIO	
CALCIUM	9.5		mg/dL	8.4 - 10.8
*** HEPATIC PROFILE ***				
TOTAL PROTEIN	7.2		g/dL	6.4 - 8.2
ALBUMIN	4.6		g/dL	3.2 - 5.5
A/G RATIO	1.8		CALC	
GLOBULIN	2.6		g/dL	
ALK. PHOS.	74		IU/L	42 - 121
ALT (SGPT)		85 H	IU/L	10 - 60
AST (SGOT)	35		IU/L	10 - 42
TOTAL BILIRUBIN	0.50		mg/dL	0.40 - 1.40
*** GENERAL CHEMISTRIES ***				
OSMOLALITY	363.8		CALC	
*** THERAPEUTIC DRUGS ***				

Exhibit B

MDCI880D  
OMINMDCA

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
SCDC HEALTH SERVICES: MEDICAL SUMMARY

08/01/16  
C058656

SCDC# 349604 GEISLLER, RUSSELL C

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CC COUNSELED I/M CONCERNING DECISION MAKING SKILLS AND CONSEQUENCES. I/M STATED THAT HE WOULD "PROBABLY GET WRITTEN-UP ONCE A MONTH 'CAUSE I AIN'T GETTING OUT OF LOCKUP". I/M LISTENED TO CCC'S FEEDBACK BUT WAS NOT RECEPTIVE. I/M DENIED ANY S/I OR H/I. I/M DENIED ANY HALLUCINATIONS OR INDICATIONS OF PSYCHOSIS AT THIS TIME. I/M STATED THAT HE WAS MEDICATION COMPLIANT. I/M STATED THAT HE DID NOT "MIND GETTING MACED".

A: DX: BIPOLAR DISORDER. GAF: 76. I/M APPEARED WELL-ORIENTED WITH APPROPRIATE AFFECT. I/M WAS COOPERATIVE AND ATTENTIVE DURING SESSION BUT WAS NOT RECEPTIVE TO CCC'S FEEDBACK CONCERNING POSITIVE DECISION MAKING. I/M GAVE NO INDICATION OF ACUTE EMOTIONAL OR PSYCHOLOGICAL DISTRESS AT THIS TIME AND SMILED THROUGHOUT THE SESSION.

P: I/M WILL CONTINUE TO BE FOLLOWED BY MENTAL HEALTH.

SIGNED OFF ON 02/07/14 @ 15:39 BY BRADLEY D BURGESS, HUMAN SERVICES COORD I

\*\* ENCOUNTER: 130 MENTAL HEALTH CLINIC 01/21/14 11:10 KERSHAW COMP  
CCC MONTHLY I/C NOTE.

D: I/M GEISLLER WAS SEEN IN SMU ON 1/17/2014. I/M REPORTED NO RECENT DIFFICULTIES AND STATED THAT HIS MEDICATION IS "HELPING" AND THAT HE IS COMPLIANT. I/M REPORTED THAT HE HAS TRANSITIONED WELL AND HAS HAD NO DISCIPLINARY WRITE-UPS. I/M DID REPORT THAT HE HAS RECENTLY BEEN DIAGNOSED WITH HEP C AND HAS DISCUSSED IT AT LENGTH WITH THE DOCTORS. I/M STATED THAT HE IS FOLLOWING THE MEDICAL INSTRUCTIONS. CCC ADDRESSED HEALTHY COPING SKILLS AND GAVE SUPPORTIVE FEEDBACK. I/M WAS RECEPTIVE. I/M DENIED ANY SUICIDAL OR HOMICIDAL IDEATIONS. NO REPORTED HALLUCINATIONS.

A: DX: BIPOLAR DISORDER. GAF: 80. I/M WAS WELL-ORIENTED WITH APPROPRIATE AFFECT. I/M WAS NEAT IN APPEARANCE AND COOPERATIVE. NO INDICATION OF ACUTE EMOTIONAL OR PSYCHOLOGICAL DISTRESS AT THIS TIME. I/M APPEARED STABLE.

P: I/M WILL CONTINUE TO BE FOLLOWED BY MENTAL HEALTH.

SIGNED OFF ON 01/21/14 @ 11:22 BY BRADLEY D BURGESS, HUMAN SERVICES COORD I

\*\* ENCOUNTER: 126 MENTAL HEALTH CLINIC 01/08/14 16:45 KERSHAW COMP

S-PT SEEN AND EVALUATED. PT TEGRETOL LEVEL WAS LOW BUT ACCORDING TO THE PT AND C.O HE HASNT HAD ANY PROBLEM WITH HIS TEMPER. THE BIGGEST ISSUE IS AN ELEVATION ON HIS TRANSAMINASE SO RIGHFULLY SO MEDICAL ORDER AN HEP C TEST WE ARE WAITING FOR THE RESULTS, PT HAD MULTIPLE QUESTIONS REGARDING HEP C AND WE TRIED TO ANSWER IN THE MOST ACCURATE WAY POSSIBLE  
PT ADMITTED TO MULTIPLE RISK BEHAVIOR INCLUDING SHARING NEEDLES  
WE EMPHASIZED THE NEED TO STAY AWAY FROM SUCH RISK BEHAVIORS, PT UNDERSTOOD AND AGREED TO WITHELD FROM SUCH BEHAVIORS EVEN IF HE IS HEP C NEGATIVE  
0- MSE AOX3 MOOD EUTHYMIC AFFECT BROAD AND ADEQUATE. DENIES ANY SI/HI  
GOOD SLEEP AND APPETITE. ADEQUATE ENERGY AND CONCENTRATION

→ A- BIPOLAR DISORDER NOS BY HX . R/O HEP C

P- RENEW TEGRETOL AND REMERON

CBC, BMP, LFT AND TEGRETOL LEVEL IN 2 WEEKS

RTC 3 MONTHS

CARBAMAZEPINE 200MG TABS (TEGRETOL)

SIG: 2 PO BID

SIG:

START DATE: 01/08/14 TOTAL DAYS: 180

MD: PACHECO, JIMMY -

*Exhibit C*



MDCI880D  
OMINMDCA

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
SCDC HEALTH SERVICES: MEDICAL SUMMARY

08/01/16  
C058656

SCDC# 349604 GEISLER, RUSSELL C

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TEG, HBSA, X1 STICK IN RIGHT AC. I/M TOLERATED WELL S ANY COMPLAINTS. BLOOD TO BE SENT TO KCI LAB.  
SIGNED OFF ON 01/22/14 @ 9:46 BY TERESA D TAYLOR, MEDICAL ASSISTANT TECH I

\*\* ENCOUNTER: 129 NARRATIVE 01/16/14 9:16 KERSHAW COMP  
MET WITH I/M TO DISCUSS HEPATITIS RESULTS. HE REPORTS HE HAS ENGAGED IN HIGH RISK BEHAVIORS AS WELL AS HAD MANY BLOOD TRANSFUSION 30 YRS AGO D/T HEART SURGERIES. IS AWARE HE WILL BE HAVING MORE DEFINITIVE LABS AND THAT HEPATITIS NURSE WILL MEET WITH HIM AFTER THAT.  
SIGNED OFF ON 01/16/14 @ 9:17 BY DONNA L CAPPADONIA, REGISTERED NURSE I

\*\* ENCOUNTER: 128 BLOOD PRESSURE CLINIC 01/16/14 9:12 KERSHAW COMP  
B/P = 112/ 74 PULSE = 90 WEIGHT = 145  
QUARTERLY HTN CLINIC: PRESCRIBED LISINAPRIL. ADMITS HE MISSED ABOUT A WEEK TAKING MEDICATION OVER THE HOLIDAYS SAYING HE WAS DEPRESSED. REPORTS HE IS BACK ON SCHEDULE AND HAS STARTED WORKING OUT TO EXERCISE HEART AND BUILD MUSCLE. IS RECEIVING HHD AND GETS THIS 100% OF THE TIME. ENCOURAGED TO REQUEST REFILL OF MEDICATION A WEEK BEFORE RUNNING OUT TO PREVENT BEING WITHOUT. WILL CONTINUE TO ASSESS IN QUARTERLY CLINIC.  
SIGNED OFF ON 01/16/14 @ 9:15 BY DONNA L CAPPADONIA, REGISTERED NURSE I

\*\* ENCOUNTER: 127 LAB CLINIC 01/15/14 16:25 KERSHAW COMP  
LABS 1/8/14  
HCV POSITIVE  
PLEASE INFORM INMATE  
PLEASE SCHEDULE A HEPATITIS B SURFACE ANTIBODY  
THOMAS E BYRNE MD  
SIGNED OFF ON 01/15/14 @ 16:26 BY THOMAS E BYRNE, PHYSICIAN II  
HEPATITIS STATUS SHARED WITH I/M. UNDERSTANDS HE WILL RECEIVE ANOTHER LAB TEST TO GIVE MORE DEFINITIVE INFORMATION RE MEDICAL STATUS.  
LAB REQ COMPLETED.  
SIGNED OFF ON 01/20/14 @ 10:23 BY DONNA L CAPPADONIA, REGISTERED NURSE I

\*\* ENCOUNTER: 125 LAB CLINIC 01/08/14 10:27 KERSHAW COMP  
I/M REPORTED TO SMU MEDICAL THIS AM FOR LAB WORK. I/M CONSENTED TO HAVE BLOOD DRAWN BY THE UNDERSIGNED. BLOOD DRAWN FOR NON FASTING HEP C, X1 STICK IN RIGHT AC/ I/M TOLERATED WELL S ANY COMPLAINTS. BLOOD TO BE SENT TO KCI LAB.  
SIGNED OFF ON 01/08/14 @ 10:29 BY TERESA D TAYLOR, MEDICAL ASSISTANT TECH I

\*\* ENCOUNTER: 124 LAB CLINIC 12/31/13 13:45 KERSHAW COMP  
LABS 12/18/13  
CBC MCHC 35.3 OTW WNL  
CHEM7 WNL  
LIVER ALT 106 AST 48 OTW WNL  
TEGRETOL 5.1  
---

PLEASE DRAW A HEPATITIS C ANTIBODY  
THOMAS E BYRNE MD  
SIGNED OFF ON 12/31/13 @ 13:46 BY THOMAS E BYRNE, PHYSICIAN II

Exhibit D



Russell Cassler #349604

SMU # 94

McCormick Correctional Institute  
386 Redemption Way  
McCormick, SC 29339

RECEIVED  
USDC CLERK, COLUMBIA, SC  
2017 JUN 30 AM 10:39

ITEM RECEIVED BY  
USMIS  
6/30/17 em

Clerk, US District Court  
District South Carolina  
901 Richland Street  
Columbia S.C. 29201



2017 JUL 10 PM 3:19  
U.S. DISTRICT COURT, COLUMBIA, SC



QUALITY PARK  
9 x 12



LEGAL MAIL  
MAIL ROOM

THE DEPARTMENT OF CORRECTIONS HAS NOT  
INSPECTED OR CENSORED THIS ITEM; THEREFORE,  
THE DEPARTMENT DOES NOT ASSUME RESPONSIBILITY  
FOR ITS CONTENTS.

MCCORMICK CORRECTIONAL INST.  
S.C. DEPARTMENT OF CORRECTIONS

MCCOI  
MAIL ROOM

JUN 27 2017

R



12:51:58 Friday, May 19, 2017

GRFI100D SCDC OFFENDER MANAGEMENT SYSTEM 05/19/17  
 OMGRIEFA INMATE GRIEVANCE APPLICATION SIMMONJ  
 SCDC #: 349604 INQUIRE  
 GEISLER, RUSSELL C RACE/SEX: WM AGE: 33 CURR LOC: MCCORMICK  
 PROJ MAXOUT: 04/02/20 PROJ PAROLE: 00/00/00 CURR CUST: ST3

GRIEV LOC: 0211 BRCI GRIEV NUM: 0064-17 GRIEV TYPE.: G GENERAL GRIE  
 GRIEV ISSUE.....: ME MEDICAL DATE OCCURRED...: 01/31/17  
 GRIEV AGAINST....: HL HEALTH SERVICES STAF DATE FILED.....: 01/31/17  
 DESIGNEE RECD....: 02/03/17 \*IGC INITIAL: PD IGC RECEIVED...: 02/07/17  
 TEXT/REQUESTED ACTION: GRIEV STATES OR RATHER QUOTES POLICY ABOUT CHRONIC TREAT  
 MENT. IT HE APPEARS HE IS STATING THAT HE IS NOT GETTING CARE FOR HEPATITIS C.  
 REQ TREATMENT.

:END

---INSTITUTION-----|---CENTRAL OFFICE---|  
 \*ACTION DUE DATE.: 03/24/17 \*DUE DT: 06/01/17  
 \*ACTION DATE.....: 03/03/17 \*ACTION: 00/00/00  
 HOW RESOLVED....: FORMAL CURR LEVEL: CENTRAL OFFICE  
 INMATE RESPONSE.: APPL \*FINAL DISP:  
 APPEAL RECEIVED.: 03/03/17 CREATE BY: SPEARMAN DATE: 02/03/17  
 \*FINAL DISP SERVED: 00/00/00 \*UPDATED BY: DOVE DATE: 03/13/17  
 GRIEVANCE INFORMATION DISPLAYED FOR INQUIRY ONLY...  
 PFKEY PF3:ADD PF4:MOD PF6:AUDIT PF8:NEXT PF10:MENU

Exhibit E

SCDC\_000410

12:51:44 Friday, May 19, 2017

GRFI220D  
OMGRIEFASCDC OFFENDER MANAGEMENT SYSTEM  
INMATE GRIEVANCE APPLICATION  
ALL GRIEVANCES FILED BY AN INMATE05/19/17  
SIMMONJSCDC ID ..> 349604  
GEISLER, RUSSELL C

LOC...: MCCORMICK

DATE FILED	GRIEVANCE#	GRIEVANCE ISSUE/AGAINST	GRIEVANCE LEVEL	DISP
✓ 02/21/12 KCI	0261-12	UNPROFESSIONAL CONDU INST SECURITY/OPERAT	INSTITUTION	GRIEVANCE PROCE

\*END-\*\*

RESPONSE:

PAGE: 0003

FUNC. KEYS&gt; ENTER:INQUIRE PF2:MORE PAGES PF3:ADDGRV PF4:MODGRV PF6:AUDIT

SCDC\_000409

**RECEIVED**

## SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

## REQUEST TO STAFF MEMBER

MAY 01 2017

**Exhibit F**

F4214

TO: NAME: Medical RN over LABS	TITLE:	DATE: 4-29-17	MCCI MAIL ROOM
INMATE'S NAME: Russell Geissler	SCDC #: 349604		
INSTITUTION: M.C.I.	LIVING QUARTERS: SMU #26		

I'm waiting for my LABS on my Blood  
work for the Hep C drawl done Ruffly 3wks  
ago here at SMU

If transferred Please  
Kios me your Reply !!

## DISPOSITION BY STAFF MEMBER:

they(labs) are within normal limits.  
You will be re-evaluated again when everyone  
else does.

DATE: 5-1-17	SIGNATURE: W. Russell RN
-----------------	-----------------------------

Perry  
Q4A112

Unknown

Perry

Russell Geissler

FS B-24

HEPC Policy Exhibit (G)

Page 2 of 12  
#4000.12

G. For inmates not eligible for treatment of Hepatitis C, see HSP 4000.13 for guidelines for monitoring for hepatocellular carcinoma (HCC).

III. Initial Screening for Eligibility for Hepatitis C Treatment (**Note:** any variation from the following protocol will be handled on a case-by-case basis.)

A. The following criteria must be met before proceeding with any further testing:

1. The inmate must have a minimum of two years remaining in his/her sentence.
2. The inmate must be, in the opinion of the individual practitioner, compliant with any current medical treatments.
- + 3. The inmate must have NO drug/alcohol or medication hoarding convictions against them at any time during his/her incarceration. (This includes tobacco as contraband and tattoo-related charges.)
  - a. If current charges are pending, hold for the disposition of the disciplinary charge before proceeding with this protocol.
  - b. Substance abuse history will be taken into consideration by the treatment team when evaluating inmates for HCV treatment on a case-by-case basis.
4. The inmate must be counseled regarding
  - The risk/benefits of Hepatitis C treatment using Appendix 3. Have the inmate initial and date beside each potential side effect.
  - Document informing inmate of what will disqualify him from treatment, such as drug convictions, non-compliance, failed treatment, etc.
  - If an inmate refuses treatment, this must be documented in the CRT and a witnessed refusal form signed.

B. If the inmate meets all of the above criteria, the next step is to evaluate the inmate for serious medical conditions that would be **absolute exclusions** from treatment for Hepatitis C.

- + 1. Severe uncontrolled psychiatric disease, particularly depression with a history of or current suicidal risk.
2. History of solid organ transplant.
3. Autoimmune hepatitis.
4. Decompensated cirrhosis (see Appendix 4). Consult GI clinic for guidance.
5. CABG or MI in the past 12 months.

C. **Relative contraindications** to treatment for Hepatitis C are medical or psychiatric conditions that could be addressed, and once stabilized, the inmate could be eligible for Hepatitis C treatment.

1. HIV infection
2. Platelet count less than 75k cells/mm<sup>3</sup>
3. Absolute neutrophil count (ANC) less than 1500 cells/mm<sup>3</sup>
4. Hypothyroidism
5. Congestive heart failure
6. Uncontrolled diabetes: inmate with Hb A<sub>1c</sub> ≥ 7.5.



- Bryan P. STIRLING  
Director of S.C.D.C.  
4444 Broad River Rd.  
Columbia, SC 29210
- Lefford Fate  
Deputy Director for Health Services  
4444 Broad River Rd.  
Columbia, SC ~~29210~~ 29210
- Richland Canty Health Dept.  
2000 Hampton St.  
Columbia, SC 29204
- We do not have the  
American Correctional Association  
Standards in the Law Library  
materials.
- Waiting to obtain Hepatitis  
C Policy H.S. 19.09, will fill  
your order when this policy becomes  
available.

BROAD River Law Clerk

Note: Also the A.C.A.S. quoted in policy  
yet unavailable to inmates.

**Exhibit H** ↑  
Example of 19.09 / unavailable  
to inmates

*Exhibit I*

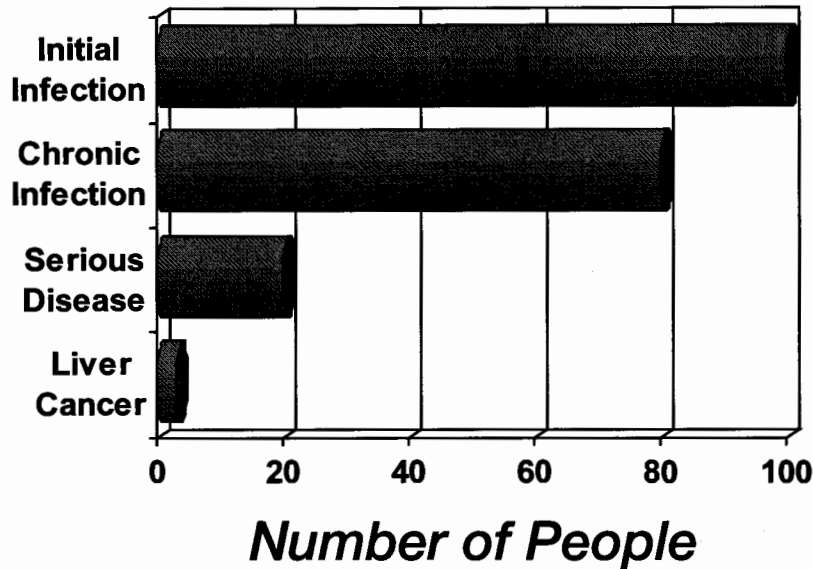
**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

<b>TO: NAME:</b> <i>LAW LIBRARY</i>	<b>TITLE:</b> <i>CLERK</i>	<b>DATE:</b> <i>8.1.17</i>
<b>INMATE'S NAME:</b> <i>Russell Geisler</i>		<b>SCDC #:</b> <i>349604</i>
<b>INSTITUTION:</b> <i>Perry</i>		<b>LIVING QUARTERS:</b> <i>Q4-122 A side</i>
<p><i>CAN You please send me the Zip Code for Meromine, WI. and Policy 19.09 Hepatitis C</i></p> <p style="text-align: center; margin-top: 100px;"><i>Thank You!!</i></p>		
<p><b>DISPOSITION BY STAFF MEMBER:</b></p> <p style="text-align: center; margin-top: 50px;"><i>54751</i></p> <p style="margin-top: 50px;"><i>19.09 Not HERE</i></p>		
<b>DATE:</b>	<b>SIGNATURE:</b>	



# If 100 People Were Infected with Hepatitis C

## 100 People Infected with HCV



- ◆ **About 55 to 80 people out of 100 who are infected with HCV will develop chronic infection:** The other 20 to 45 people who are infected with Hep C will clear the virus on their own. This is because the immune system of some people is able to fight off the virus naturally.
- ◆ **About 10 to 20 people who develop chronic infection will have serious disease progression over decades:** Only about 10 to 20 out of the original 100 people exposed to Hep C will develop serious life-threatening illness from Hep C. Hep C usually takes up to 10, 20, 30 or 40 years or longer to make the liver become really damaged.
- ◆ **About 2-3 people who develop chronic hepatitis C infection will develop liver cancer:** Only 2-3 people develop liver cancer out of the original 100 people exposed to Hep C, which only happens after the liver develops lots of scarring called cirrhosis.

The key to living well with hepatitis C is to work closely with your doctor or nurse.

[www.hcvadvocate.org](http://www.hcvadvocate.org)

**HEPATITIS C**  
SUPPORT PROJECT